

State of Michigan**74-2**

NONDISCRIMINATION

This certifies that the Statement of Compliance (Form CB-FS 5022) and the State agency's implementing methods of administration submitted on March 2, 1965 and June 15, 1965 as a part of the State CWS and PA Plans are hereby extended to the State Title XIX, Medical Assistance Program.

The State Plan for Medical Assistance will be administered in such a way that no person in the United States will, on the ground of race, color, sex or national origin, be excluded from participation in, be denied any aid, care, services, or other benefits of, or be otherwise subjected to discrimination in the program under the State Plan.

In addition to the previously submitted implementing methods, the State agency will:

1. Provide an informational pamphlet to all persons requesting medical assistance which outlines the guarantees afforded them by the Civil Rights Act and the manner in which those subjected to discrimination may obtain redress.
2. Provide a separate pamphlet to all persons requesting or providing assistance outlining the requirements of the Civil Rights Act as it relates to departmental operations, and the rights of all persons receiving services from the department or from vendor agencies and organizations. This pamphlet will also outline grievance procedures which may be followed in the event of alleged discrimination.
3. Assure that all medical institutions, agencies, and organizations providing services under the program have signed a statement of compliance either as a condition of participation under Title XVIII, as a condition of receiving other Federal funds or specifically for this program.
4. Require a certification on all bills submitted by providers of services who have not signed a statement of compliance that the services were rendered in accordance with the provisions of the Civil Rights Act of 1964.

1/22/73
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